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YALE-NEW HAVEN HOSPITAL
OFFICE OF
HEALTH CARE ACCESS

October 15, 2004

Commissioner Cristine Vogel
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: Letter of Intent: Perioperative Information Tracking System (POINTS)

Dear Commissioner Vogel:

Yale-New Haven Hospital (YNHH) is pleased to submit a Letter of Intent to acquire a Perioperative Information Tracking System (POINTS). This project involves the acquisition of a computer system to replace and enhance a 15-year old system nearing the end of its useful life. The proposed system will be located at Yale-New Haven Hospital, 20 York Street, New Haven, CT. The estimated total capital expenditure associated with this project is \$1,800,000.

We look forward to working with you and your staff on this project.

Please forward any correspondence to:

Jean Ahn
Director, Planning and Business Development
Yale-New Haven Hospital
20 York Street
New Haven, CT 06504
(203) 688-2609

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Norman G. Roth'.

Norman G. Roth
Senior Vice President, Administration

cc: Jeanette Schreiber, Esq.

20 York Street
New Haven, CT 06504



State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Yale-New Haven Hospital	
Doing Business As	Yale-New Haven Hospital	
Name of Parent Corporation	Yale-New Haven Health Services Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	20 York Street New Haven, CT 06504	
Applicant type (e.g., profit/non-profit)	Non-Profit	
Contact person, including title or position	Jean Ahn Director	
Contact person's street mailing address	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	
Contact person's phone #, fax # and e-mail address	(203) 688-2609 (Phone) (203) 688-5013 (Fax) Jean.Ahn@ynhh.org	

SECTION II. GENERAL APPLICATION INFORMATION

- Proposal/Project Title:

Perioperative Information Tracking System (POINTS)

- Type of Proposal, please check all that apply:

- ☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- | | | |
|--|---|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

- ☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Major Medical
<input type="checkbox"/> Imaging	<input type="checkbox"/> Linear Accelerator	

- ☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

- a. Location of proposal (Town including street address):

20 York Street, New Haven, CT 06504

- b. List all the municipalities this project is intended to serve:

Please see response to Question 3 in Project Description.

- c. Estimated starting date for the project:

Upon approval.

- d. Type of project: **28** (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

Not Applicable. This proposal does not involve a change in licensed or staffed beds.

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ **1,800,000**
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase) including software	\$1,800,000
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$1,800,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$1,800,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

Not Applicable. This proposal does not involve the purchase of major medical equipment.

- c. Type of financing or funding source (more than one can be checked):

☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan

- ☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Yale-New Haven Hospital

Project Title: Perioperative Information Tracking System (POINTS)I, James Staten, CFO
(Name) (Position – CEO or CFO)

of Yale-New Haven Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Yale-New Haven Hospital complies with the appropriate (Facility Name)

and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

James Staten
Signature

10/14/04
Date

Subscribed and sworn to before me on 10/14/04

Patricia C. Fiorentino
Notary Public/Commissioner of Superior Court

Patricia C. Fiorentino
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2004

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

SECTION IV. PROJECT DESCRIPTION

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.**

Yale-New Haven Hospital (YNHH) is the primary teaching hospital for the Yale School of Medicine and a major community hospital for residents of the greater New Haven area. The Hospital offers a full array of primary to quaternary patient services; many quaternary services have been designated as regional or national referral services.

A copy of YNHH's Department of Public Health (DPH) License is presented as Attachment I.

- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?**

Yale-New Haven is proposing to acquire a replacement computer system for Perioperative Services (includes the Operating Rooms, the pre-operative area, and the PACU). The replacement computer system will also be used for patients being evaluated prior to surgery and immediately after surgery in the PACU (recovery rooms).

Additional DPH licensure is not required for perioperative services.

- 3. Who is the current population served and who is the target population to be served?**

The current population served and the target population to be served include the residents of Ansonia, Bethany, Branford, Cheshire, Clinton, Deep River, Derby, East Haven, Essex, Guilford, Hamden, Killingworth, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Old Saybrook, Orange, Oxford, Seymour, Wallingford, Westbrook, West Haven and Woodbridge.

- 4. Identify any unmet need and how this project will fulfill that need.**

ORIS (Operating Room Information System), the current perioperative computer system, is an aging system, near the end of its useful life, limiting business operations. It is a 15-year old, DOS-based computer program that is responsible for the scheduling of surgical procedures, resource allocation for perioperative services, inventory for perioperative materials management, and a portion of intraoperative patient documentation.

The proposed perioperative computer system will enhance the technical support given to perioperative patients and staff. It is a windows-based system that would improve patient access and care. The system provides all of our current functionality. It will assist in supporting patient safety initiatives. Improved functionality will include:

- Automated documentation for all areas of nursing (pre-admission, pre-, intra- and post-operative) and anesthesia patient care
- Increased patient and surgeon access to the scheduling process
- Inventory management and accounting
- Clinical and Statistical Data Reporting
- Streamlined maintenance of surgical preference cards relating to supplies and other applicable resources needed for surgical procedures
- Improved intra-operative monitoring of patients

5. Are there any similar existing service providers in the proposed geographic area?

Similar existing service providers in the greater New Haven area are: Griffin Hospital, Milford Hospital, MidState Medical Center, the Hospital of St. Raphael, Temple Medical Center, Hamden Surgery Center and the Yale-New Haven Shoreline Medical Center.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

The enhanced functionality acquired from this implementation will improve services provided to patients and physicians served by Yale-New Haven Hospital. It will assist in the monitoring and support of patient safety initiatives. Surgical offices will be able to schedule operations with greater efficiency and completeness. Time devoted to direct patient care can increase due to easier access to the patient record. The enhancements to materials management will reduce waste.

7. Who will be responsible for providing the service?

Yale-New Haven Hospital Perioperative Services

8. Who are the payers of this service?

The payers for this service include Medicare, Medicaid, Aetna, Blue Cross, Cigna, Connecticare, HMCPPPO, Oxford, PHS, United Healthcare, Workers Compensation, Yale Health Plan and others.

ATTACHMENT 1

YNHH Department of Public Health License

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0044

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Yale-New Haven Hospital, Inc. of New Haven, CT, d/b/a Yale-New Haven Hospital, Inc. is hereby licensed to maintain and operate a General Hospital.

Yale-New Haven Hospital, Inc. is located at 20 York Street, New Haven, CT 06504

The maximum number of beds shall not exceed at any time:

852 General Hospital beds

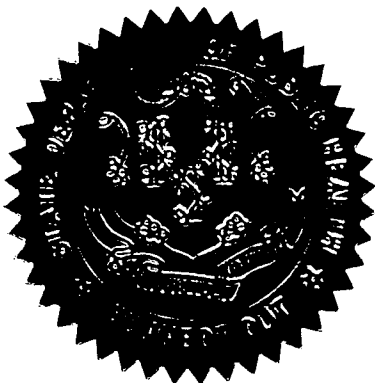
92 Bassinets

This license expires **September 30, 2005** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2003. RENEWAL.

Satellites

Hill Regional Career High School, 140 Legion Avenue, New Haven, CT
Branford High School Based Health Center, 185 East Main Street, Branford, CT
Walsh Middle School, 185 Damascus Road, Branford, CT
James Hillhouse High School Based Health Center, 480 Sherman Parkway, New Haven, CT
Sheriden Academy of Excellence School Based Health Center, 191 Fountain Street, New Haven, CT
Vincent E. Mauro Elementary School Based Health Center, 130 Orchard Street, New Haven, CT
Weller Building, 425 George Street, New Haven, CT
Yale-New Haven Psychiatric Hospital, 184 Liberty Street, New Haven, CT



A handwritten signature in black ink, appearing to read "Norma Gyle".

Norma Gyle, R.N., Ph.D., Acting
Commissioner